

# 2024 Medical & Dental Plan Costs

Medical Plans		
UnitedHealthcare Signature Value Advantage Plan		
<b>Active Employees, Scholars, Graduate Interns, LTD –</b> <b>includes VSP Vision at no cost</b>	<b>Per Pay Period</b>	<b>Per Month</b>
Individual	\$34.65	\$75.08
Individual +1	\$69.30	\$150.15
Individual + Family	\$103.95	\$225.23
<b>Retirees - through age 64</b>	<b>Per Pay Period</b>	<b>Per Month</b>
Individual	n/a	\$155.16
Individual +1	n/a	\$318.90
Individual + Family	n/a	\$454.86
UnitedHealthcare Signature Value Plan		
<b>Active Employees –</b> <b>includes VSP Vision at no cost</b>	<b>Per Pay Period</b>	<b>Per Month</b>
Individual	\$98.18	\$212.72
Individual +1	\$309.54	\$670.67
Individual + Family	\$438.90	\$950.95
<b>Retirees - through age 64</b>	<b>Per Pay Period</b>	<b>Per Month</b>
Individual	n/a	\$323.45
Individual +1	n/a	\$930.91
Individual + Family	n/a	\$1,327.83
Aetna High Deductible Plan		
<b>Active Employees –</b> <b>includes VSP Vision at no cost</b>	<b>Per Pay Period</b>	<b>Per Month</b>
Individual	\$112.04	\$242.75
Individual +1	\$317.62	\$688.18
Individual + Family	\$392.70	\$850.85
<b>Retirees - through age 64</b>	<b>Per Pay Period</b>	<b>Per Month</b>
Individual	n/a	\$353.38
Individual +1	n/a	\$914.32
Individual + Family	n/a	\$1,112.08
MetLife Dental Plan		
<b>Active Employees, Scholars, Graduate Interns &amp; LTD</b>	<b>Per Pay Period</b>	<b>Per Month</b>
Individual	\$5.26	\$11.39
Individual +1	\$16.16	\$35.02
Individual + Family	\$28.09	\$60.87
VSP Vision Plan (not enrolled in a medical plan)		
<b>Active Employees, Scholars, Graduate Interns</b>	<b>Per Pay Period</b>	<b>Per Month</b>
Individual	\$6.65	\$14.40
Individual +1	\$9.63	\$20.87
Individual + Family	\$17.14	\$37.14

In most cases, the required contributions are made through pre-tax payroll deductions. However, the portion of the premium attributed to coverage for a domestic partner is deducted on a post-tax basis for Federal taxes.